

A DESCRIPTIVE STUDY OF THE ORIENTATION PROGRAM FOR  
PATIENTS AT NORTHVILLE STATE HOSPITAL

A THESIS  
SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR  
THE DEGREE OF MASTER OF SOCIAL WORK

BY  
MYRTLE JANICE RUSHING

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA

JUNE 1958

R=iii P=59

28  
36T

#### ACKNOWLEDGMENTS

The writer wishes to express sincere thanks and appreciation to Mr. Donald Meeks, Psychiatric Social Worker, and Mrs. Elizabeth Matzen, Admissions Social Worker, Northville State Hospital, Northville, Michigan, for their encouragement and guidance during the initial stages of the study; to Mr. Warren H. Moore, Atlanta University School of Social Work for his patience and guidance throughout the writing of this thesis; and to her parents, Mr. and Mrs. Spencer Rushing for their prayers, interest, encouragement and financial support. Without them the completion of this study would not have been possible.

## TABLE OF CONTENTS

ACKNOWLEDGMENTS .....	Page ii
 Chapter	
I. INTRODUCTION .....	1
Significance of the Study .....	1
Purpose of the Study .....	5
Method of Procedure .....	5
Scope and Limitations .....	6
 II. THE SETTING .....	 7
 III. ORIENTATION .....	 12
First Week of Orientation .....	13
Second Week of Orientation .....	21
 IV. SUMMARY AND CONCLUSIONS .....	 25
 APPENDIXES .....	 30
A. Forms for Admission .....	31
B. Social Service History Format .....	35
C. Interview Guides .....	36
 BIBLIOGRAPHY .....	 38

## CHAPTER I

### INTRODUCTION

#### Significance of the Study

In a psychiatric hospital, too often ignored, is the initial anxiety producing phase of the patient's introduction to the hospital itself. Ill, often confused, the individual patient at times not even accepting the need for his or her hospitalization is thrust into an environment which is foreign to him and may be construed as hostile. It is necessary, therefore, that the personnel to whom is entrusted the delicate process which involves the patient's beginning attitude toward the hospital as an accepting, friendly institution must be hand picked and capable. This is not to say that any special training is essential, but that the individual personalities of these persons be well screened.

When a patient enters a hospital, he enters a world totally different from the one to which he was accustomed and he has to learn to live in it, to become a part of it. The large buildings, the long corridors, the sight of unfamiliar machinery, the white clad personnel, the presence of so many other sick people, all are unfamiliar, bewildering and all are frightening. To add to this strange, unfamiliar, and frightening feeling, the patient finds that he is no longer master of his own destiny; he has to give up personal control over even the simplest everyday functions. The time to get up, time to go to sleep and other minutiae of everyday living are no longer determined by his likes and dislikes or habits built up in the course of a lifetime. Instead they are now determined by an outside authority and have to be submitted to without question and without regard for personal preferences.<sup>1</sup>

Too often impersonal, indifferent handling, upon the patient's admission, may negatively affect his motivation for treatment. They want to be thought of as people and not cases. They are already afraid when they enter hospitals and failure to explain routine and to treat the sick

---

<sup>1</sup>

Minna Field, Patients Are People (New York, 1953), p. 58.

person like an individual merely adds to their fears. A simple explanation of the necessity for many procedures, if given to the patient on entering the hospital, would add immeasurably to his morale. The patient's needs must be met by kindness, sympathy, and understanding of those inside the hospital.

Reception is the process of helping the patient accept his hospitalization, of relieving the fears and threats inherent in the experience of compulsion and restraint, and of allowing him to respond to the therapeutic potentialities of living experienced under psychiatric supervision and direction.<sup>1</sup>

The need for individualization is pointed out by the various degrees of illness represented in a group of patients newly facing admission to a mental hospital. There are represented various types of psychoses, neuroses, personality and character disorders, some totally out of contact and others, though nonetheless ill, in good contact. Some will be hostile which hostility must be understood and encountered with acceptance.

Many patients regard hospitalization with misgiving and apprehension. Hospitalization symbolizes an affirmation of a person's inability to deal with the demands of everyday living, an admission that his illness is not merely a temporary indisposition; and it may mean a confirmation of his fear that he has lost his mind.<sup>2</sup>

These fears are accentuated by separation from family and friends and by the need to abandon, at least temporarily, the normal patterns of living. As patients first face hospitalization, their problems are related to the unfamiliar surroundings, the unaccustomed routines, the strange faces, the restrictions imposed by the hospital setting, and the fear of the unknown implicit in hospital procedures.

---

1

Group for the Advancement of Psychiatry, The Psychiatric Social Worker in the Psychiatric Hospital, (Topeka, 1948), p. 3.

2

Minna Field, op. cit., p. 54.

To facilitate the process of helping patients become accustomed to the surroundings and more adjusted to the hospital setting, orientation programs are carried on. The patient finds the answers to his questions through participation in the orientation program with its marked therapeutic emphasis, and the opportunity it offers for clarification of emotional problems and current feelings. Some hospitals have set up formal programs and, in others, orientation is done on an informal basis. In either case the social worker has a significant role to play in the orientation of new patients to the hospital. "Where there is a formal program the social worker is assigned the responsibility of initiating contact with every newly admitted patient in order to provide help with problems activated by his hospitalizations."<sup>1</sup> This is a part of the admissions process, and is one of the first contacts that the patient has with the hospital. "In the informal program casework services are provided in order to help make a referral for another service."<sup>2</sup> These referrals include securing social history information, or securing permission from the relative for some special form of treatment such as atrophine therapy or electroshock therapy. Therefore, in the informal program all patients may not be seen by a social worker unless social history material is routinely secured.

The ward doctor, nurse, and attendants have the greatest responsibility in the informal orientation programs. The doctor sees the patient during admissions, and some orientation is given here. From admissions the patient is taken to the ward and the ward personnel continue the

---

<sup>1</sup> Tessie D. Berkman, Practice of Social Workers in Psychiatric Hospitals and Clinics (New York, 1953), p. 37.

<sup>2</sup> Ibid.

process.

Since the purpose of orientation is to relieve some of the fears inherent in the early hospital experience, the time at which orientation is carried on is very important. "Where there is a formal program, the aim is to make the worker available as soon as possible. Therefore in this type of set-up patients are seen by the worker not more than three days after admission."<sup>1</sup> The informal program makes the doctor available during the admissions procedure, and the ward personnel shortly thereafter. But it is a much later date when patients are interviewed by the social worker.

Northville State Hospital had a somewhat unique Admissions Building which was solely for the purposes of accepting, examining, and housing newly admitted patients. There was a private ambulance entrance and a clean, well furnished, brightly lit lobby into which the patient first entered. There to greet him was a personable admissions social worker, the doctor, nurses, and psychiatric attendants. Often the patient was accompanied by an ambulance driver or attendant from home or another hospital. However, some were accompanied by relatives. It was necessary that a positive transition be made from the hasty, often traumatizing "delivery" to the hospital. Therapy begins at this point.

An important consideration which was related to the patient's initial hospital adjustment was the anxiety and the many other feelings which the relatives experience around hospitalization. A better understanding on the part of the relative, through his history contact with social service and his contacts with other hospital staff, was important

---

<sup>1</sup>

Ibid.

in terms of the interpretations and attitudes that were conveyed to the patient during visits. However, while this was an important aspect in the patient's initial adjustment, this area was not included in the study, since these contacts with relatives occurred subsequent to the initial admissions procedure with which this study was mainly concerned. However, it was very important and had some bearing on the patient's initial hospital adjustment.

### Purposes of the Study

This study proposed to show descriptively the mechanics of the orientation program for patients at Northville State Hospital located in Northville, Michigan. The more specific purposes of this study were to describe the activities of orientation beginning with the initial admissions process, and continuing to the final phase of the patient's transfer to a permanent ward. This study also proposed to describe the roles of the personnel including the doctor, nurse, attendant, as well as the social worker in regard to orientation of the patients.

### Method of Procedure

For the purpose of getting a description of the orientation which is given patients at the time of admission, the admissions procedure was observed. Doctors, nurses, attendants, and social workers were interviewed by the use of interview guides. This served as a means of obtaining information regarding their activities in the orientation of patients. This material was compiled in chronological sequence beginning with the initial admissions process, and ending with the transfer of the patient from the admissions building of the hospital.



### Scope and Limitations

This study was limited to one setting, Northville State Hospital, which was located in Northville, Michigan. It was also limited in that it covered a six months period in which the writer observed activities related to orientation, consulted with the staff, and studied literature concerned with the orientation of patients to mental hospitals.

## CHAPTER II

### THE SETTING

Northville State Hospital, Michigan's sixth for the care and treatment of mental illness, was located approximately twenty-two miles from the center of Detroit, and approximately two miles from the village of Northville. It operated under the Michigan Department of Mental Health.

This hospital is maintained by the state for the care and treatment of the mentally ill, those addicted to narcotics or alcohol, and for training and research in the field of psychiatry and allied professional disciplines.<sup>1</sup>

The hospital was relatively new in terms of buildings and staff.

"The first patients, 25 in number, were received January 15, 1952."<sup>2</sup>

Since that time the census has increased to 2,078 according to the daily census for February 27, 1958. The ultimate bed capacity was 3500. "Regarding staff there are approximately 900 employees, 570 of whom are assigned to the Medical Section."<sup>3</sup> In addition, there was a large number of volunteers from civic and fraternal organizations who gave their time and service to the hospital.

Northville State Hospital was divided into six units: the admission unit, the medical unit, the geriatric unit, the chronic unit, the intensive treatment unit and the children's unit. The study was concerned with the admissions unit since this was the place where the patient was intro-

---

<sup>1</sup> Northville State Hospital, "A Short Story of Northville State Hospital" (Northville, Michigan, 1957), p. 1. (Mimeographed).

<sup>2</sup> Northville State Hospital, "Teamwork is the Key for Treatment of Mental Illness" (Northville, Michigan, 1957), p. 1. (Mimeographed).

<sup>3</sup> Mr. James Wick, Director of Nursing Service, "Nursing Service" (Lecture delivered to Social Service Department at Northville State Hospital, Northville, Michigan, January 15, 1958.)

duced to Northville State Hospital, and where orientation was carried on.

The admissions unit was composed of four wards: two male and two female, an occupational therapy suite, visiting areas, offices and the admissions office. Unlike the other units of the hospital one doctor was not assigned to a ward, but each patient was assigned to a particular doctor who made ward rounds each day. The same held true for social workers in that each patient was assigned a social worker upon admission.

Patients were committed to Northville State Hospital by the Probate Court of Wayne County. Even though this was a state supported institution, the hospital served only Wayne County residents. Some patients came to the hospital voluntarily for treatment but they had to be approved by the Medical Superintendent, and sign a Probate Court Voluntary Order before they could come into the hospital. The Assistant Medical Superintendent was in charge of the children's unit, consequently, he interviewed the parents and the child before the child could be admitted to the hospital. All children were admitted as voluntary patients.

Northville is strategically located in that it is equidistant from Wayne State University and the University of Michigan. This makes an extensive training program possible at the hospital. It is approved by the American Medical Association for three year residencies in psychiatry, and provides second year internships to Master's Degree candidates from the Schools of Social Work at Wayne State University, University of Michigan, and more recently Atlanta University, Atlanta, Georgia. A practicum in Clinical Psychology for graduate students from Wayne State University and affiliations in Occupational Therapy are also available. Advanced Psychiatric Nursing is available as well as affiliations for basic nursing students.<sup>1</sup>

The Medical Superintendent of the hospital was a qualified psychiatrist and a member of the American Board of Neurology and Psychiatry. The

---

1

Northville State Hospital, "A Short Story of Northville State Hospital" (Northville, Michigan, 1957), p. 1. (Mimeographed).

over-all administrative responsibility was shared with an Assistant Medical Superintendent who was also a professionally qualified psychiatrist. The hospital was divided into three branches: Medical and Clinical, Patient Care and Administration. The Clinical Director was responsible for all patient care and Medical Services, including the Psychology Department, the Social Service Department, the Occupational Therapy Department, the Department of Psychiatry, the Medical Clinic and the hospital laboratories. The Assistant Medical Superintendent had the overall responsibility for Patient Care which included Nursing Service and allied services related to the general care of the patients. The Administrative area of the hospital included personnel and general hospital administration. Each department or area in the hospital had its own director or person in charge.

The treatment program of the hospital was geared to the multi-disciplinary approach with the psychiatrist serving as the team leader. He conferred regularly with the members of other departments who were assigned to him. All of them worked in close cooperation in the treatment program. Other members of the team included the nurse, the psychologist, and the social worker. The psychiatrist was responsible for the psychiatric examination and evaluation, and the total medical care of the patient. The psychiatric nurse was responsible for the physical care of the patient, giving medications, charting observations of the patient's behavior, and participation in ward activities. The psychologist was responsible for research, administering of objective and projective tests, and interpretation of test results. The social worker had the responsibility for helping the patient adjust to the social and reality aspects of his problems in or out of the hospital. This was related to the traditional function of the social worker in the psychiatric hospital as

referred to by Gordon Hamilton in Theory and Practice of Social Casework.

The social worker's responsibility in psychiatric settings is centered around three main groupings: work with the individual hospitalized patient and his family from the time he enters the hospital until the period of parole is over; activities improving co-operative relationships with community agencies; and participation in a community educational program.<sup>1</sup>

Along with the traditional function of social workers, the department at Northville attempted to affect a broader use of this concept in order to include the hospital as an integral part of the community, and the community as a part of the hospital. Many projects were undertaken in an effort to interpret the program of the hospital to the community, and the response was most gratifying. In carrying out his role at Northville, the social worker engaged in various activities.

Regular in-service activities of the department include social histories on all new admissions, casework services to patients and relatives when referred by the psychiatrist, operation of a Family Care program, pre-convalescent leave evaluations, periodic social service evaluations of patients, convalescent leave follow-up, participation in group projects and staffs, and seminars and teaching activities for other professional disciplines.<sup>2</sup>

The Social Service Department officially started on February 4, 1952 with one position and is now composed of the Director, a Family Care Supervisor, a Community Relations worker, three Psychiatric casework supervisors, six Psychiatric social workers, an admissions social worker, a social service receptionist, and seven second year graduate students who are here for two semester field work placements. The psychiatric social workers and the supervisory personnel are professionally trained and hold Master's Degrees from accredited Schools of Social Work.<sup>3</sup>

At the time of this study several additions had been made to the social

<sup>1</sup>  
Gordon Hamilton, Theory and Practice of Social Case Work (New York, 1954), p. 298.

<sup>2</sup>  
Carolyn Seefeldt, Report of Social Service Department, Northville State Hospital. Northville, Michigan: December 30, 1955.

<sup>3</sup>  
Ibid.

service staff. The staff was composed of the Director, a Family Care Supervisor, four psychiatric casework supervisors, seven psychiatric social workers, an admissions social worker, a discharge clerk, a social service receptionist, and eleven student social workers from three different schools of social work.

## CHAPTER III

### ORIENTATION

The mental patient newly admitted to a psychiatric hospital receiving ward brings with him a complex of feelings that must be dealt with effectively and quickly if a positive relationship between himself and the hospital is to be established. The importance of these initial relationships is increased as state hospitals continue to shift their role from that of custodial institutions to that of dynamically oriented treatment centers.<sup>1</sup>

The patients had abruptly left their homes and communities and had been plunged into a strange hospital setting where they knew no one, were unaware of what facilities and treatment were available, and these uncertainties added to the anxieties and tensions of their illnesses. Often they were worried about what was going to happen to their families, their financial obligations, their jobs, and other connections with their communities. These realistic concerns and worries were often of such magnitude that they interfered with the patients' adjustment to the hospital.<sup>2</sup>

In the admissions and orientation process the patient was assisted in his attempt to deal with his immediate anxiety. Finding himself in a locked ward, surrounded by strange people, confused by perplexing feelings or plagued by voices that tormented and harassed him, the patient encountered a new and often frightening experience. This uncomfortableness of patients was minimized by participation in the orientation activities. In order for this program to be effective, it was geared to the many feelings the patient brought to the hospital. Orientation at Northville extended for approximately three weeks. These weeks were spent on the admission wards of the hospital.

---

1

Albert E. Gustin, "A State Hospital Reception Program for Patients and Relatives," Social Casework, XXXVI (June, 1955), p. 269.

2

F. G. Humphrey and Robert Duke, "The Use of Casework Skills in a Group Orientation Program for Newly Admitted Patients," Journal of Psychiatric Social Work, (January, 1955), p. 92.

Northville State Hospital had an Admissions Building which housed newly admitted patients excluding geriatrics and children. The structure, design, and facilities of the building were geared toward providing a pleasant atmosphere for the patient. The Admissions Office was comprised of a large waiting room, 2 offices, 2 suites for physical examinations, and a small conference room for interviews. The soft coloring of the walls and the simplicity of the room helped to minimize the anxiety of separation from home and family and becoming a part of the hospital world. Upon arrival a certain amount of individualism was given as evidenced by a private ambulance entrance which provided for the patients entering the hospital without encountering the clamor inherent in the hospital setting. A pleasant physical environment could have a lasting effect on the impression of the patient and could influence his moving into the treatment program with less difficulty.

#### First Week of Orientation

##### Intake Procedure

Each patient who came to the hospital was received by the admissions social worker. Because of the anxiety created by hospitalization for both patients and relatives, it was essential that the person who handled reception have knowledge and understanding of human behavior, be able to sense fears, the subtle as well as obvious manifestations of discomfort and be able to allay many of these feelings. After receiving the patient, the worker's first activity was to examine the court papers which must accompany the patient to the hospital. Following the examination, an admission certificate (Appendix A1) for each patient was filled out and given to the person who accompanied the patient for verification of his



admission. When this was completed the worker gave the patients Guest Manuals to read while they waited.<sup>1</sup> These booklets were begun by a letter from the Medical Superintendent expressing his interest in having each patient as comfortable as possible and making their stay in the hospital as short as possible. Why people were there, how long they stayed, visitation, letter-writing, personal belongings, entertainment, church services, hospital routine, hospital program, privileges, and medical services were other areas that were covered. This was Northville's first written attempt to clarify many of the questions that patients had about the hospital. After each patient was given a booklet, the social worker approached him individually, and obtained information for the Case History Face Sheet (Appendix A2). In the five admissions observed, reactions of the patients varied widely and reflected the gamut of emotions which any individual brings to a new and strange setting or situation. The most predominant emotion observed, however, was that of hostility. Because of the predominance of its presence in most of the admissions observed, the writer thought that it would be well to present a case illustration to emphasize this reaction.

Worker approached Mr. D., introduced herself and asked if he would answer some questions for her. Without looking at worker, Mr. D. answered, "No, I'm not going to answer any questions." When worker inquired as to why he didn't want to answer the questions, he stated that he did not know why he was there and he wasn't going to tell anyone anything. Worker asked where he was brought from and he said, "County jail." Further inquiry revealed that patient had not been told where he was being taken when he left the jail en route to the hospital. Worker told patient that she could understand why he didn't want to tell her anything and concluded that the doctor would be there shortly and he would talk to him regarding why he was here. She also told him that he could answer the questions later on if he wanted to.

---

<sup>1</sup>

Interview with Mrs. Elizabeth Matzen, Admitting Social Worker (Northville State Hospital, Northville, Michigan, February 27, 1958).

The worker's approach was soft spoken and individualized. The fact that many of the patients were brought to the hospital involuntarily, as well as their emotional conditions, caused the social worker to be met with hostility many times. This hostility was accepted and the patient was supported. In the above example the worker provided a permissive atmosphere for the patient which allowed him to feel free to answer questions as he desired.

In addition to obtaining information from the patients, the admitting social worker had other clerical responsibilities associated with the admissions procedure. A notice of new admission was filled out in quadruplet: one for the ward chart, one for the doctor to whom the patient was assigned, one for the Chief of Admissions Service, and one for the reception desk. A form letter was also sent immediately to the family by the social worker informing them of the patient's doctor, asking for treatment permission, and it included a pamphlet entitled "Information and Suggestions Regarding Patient Care."<sup>1</sup> This pamphlet included such information as aims and objectives of the hospital, inquiries regarding patients' visiting hours, clothing suggestions, luxuries, correspondence, gifts, valuables, emergencies, rides, visits, and convalescent status.

When the social worker finished obtaining the necessary information for the Case History Face Sheet, she introduced the patient to the nurse in charge who took the patient into a room. In this room the nurse explained that he would be given a bath, if necessary, and a physical examination. "Many patients contend that they have had a physical examination recently and do not need another. This is accepted but patients are

---

<sup>1</sup>

Interview with Mrs. Elizabeth Matzen, Admitting Social Worker (Northville State Hospital, Northville, Michigan, February 27, 1958).

told that hospital policy makes it imperative that another be given for our records."<sup>1</sup> The attendant helped the patient undress and bathe. Afterwards the physical examination was administered under the supervision of the nurse. The following information was recorded: height, weight, temperature, blood pressure, color of eyes and hair, condition of teeth, conduct during procedure, money and valuables and colonic flushing report. This information was entered on the Nursing Office Admission Report (Appendix A3) by the nurse. Following the examination the patient was given state clothes to wear by the attendant with an explanation that his clothes would be marked and returned to him soon.

Each patient was interviewed by the Chief of Admissions Services, following the physical examination. In this interview the psychiatrist determined whether the patient was comfortable, disturbed, children or geriatric.

Comfortable refers to those patients who are cooperative, non-destructive, and non-combative. Disturbed refers to those patients who are actively hallucinating, combative, and/or destructive. Geriatric refers to patients above 60 years of age and their condition is such that they could not benefit from intensive treatment. Children refers to patients below 12 years of age.<sup>2</sup>

In this interview the doctor tried to detect any signs of infectious disease, serious physical needs or suicidal tendencies. "It was not routinely done but when a patient was extremely nervous, anxious, or asked questions, the Chief of Admissions talked with him around the problem area."<sup>3</sup>

---

<sup>1</sup> Interview with Mrs. Anne Tenpenny, Registered Nurse (Northville State Hospital, Northville, Michigan, November 21, 1957).

<sup>2</sup> Interview with Dr. C. H. Chen, Chief of Admissions Services (Northville State Hospital, Northville, Michigan, February 25, 1958).

<sup>3</sup> Ibid.

## Ward Admission

On the basis of the interview held with the patient, the Chief of Admissions assigned each patient to a doctor. This automatically determined the social work assignment since each social worker was assigned to work with a specific doctor. He also assigned him to a ward according to whether or not he was comfortable, disturbed, geriatric, or a child. This study revealed that there were general differences in the orientation program for the various classification previously mentioned. However, the actual ward admissions for both comfortable and disturbed patients were the same; therefore, they will be handled simultaneously in the following:

When new patients were brought on the ward, they were introduced to the ward personnel. "The attendant had the responsibility for giving the patient brief remarks about the ward and a tour of the ward."<sup>1</sup> The remarks about the ward included the facts that the ward was an admitting ward; therefore, they would probably be transferred within the first month. "Included in the tour were the day room, bath room, clothing room, seclusion rooms, and sleeping areas. An explanation of each area was given along with the tour."<sup>2</sup> After the tour an activities schedule was shown to the patients, and an explanation of the activities that they could attend was given. Patients were encouraged to ask question. Afterwards the attendant took the patients into the day room and introduced them to some of the other patients. They were also asked to join in the activities if any were being carried on at that time.

---

<sup>1</sup>

Interview with Mr. William McKenney, Attendant (Northville State Hospital, Northville, Michigan, February 10, 1958).

<sup>2</sup>

Ibid.

Findings from the study revealed that newly admitted patients were seen the day after admission by the doctor to whom they were assigned.

This interview was geared toward obtaining as much information as possible about the patient's past experiences including family, home situation, previous hospitalizations, and symptoms of illness. The information obtained from this interview served as the basis for the diagnostic impression and the beginning of treatment planning.<sup>1</sup>

The day following admission, newly admitted patients also started routine physical examinations.

Every new patient that is under 60 years old is inoculated against typhoid fever, tetanus, diphtheria, and smallpox. In addition to the above, patients under 14 years of age are inoculated against polio. If the patient is over 60 years old he is inoculated against tetanus only. Every new patient is tested in order to find out if they are infected with tuberculosis, syphilis and typhoid. In addition to the tests they are given a complete physical examination.<sup>2</sup>

It was at this point that the orientation program differed for comfortable and disturbed patients. On the comfortable wards the attendants were responsible for a group orientation conference with newly admitted patients.

The group experience is a keystone of the orientation program, providing the vehicle by which information is transmitted, and a feeling of "togetherness" is developed. The material presented provides the thread for continued group expression that consistently moves into areas of acceptance or denial of illness, feelings about the hospital itself, and problems concerning social and personal realities.

It appears that the group experience offers the patient an opportunity, perhaps the first, to reflect and think about his problem situation. The possibility of mobilizing his resources, both internal and external, to begin dealing with the illness may have been unrealized until the group experience with its dynamic quality allowed expression of his thoughts and feelings.<sup>3</sup>

---

1

Interview with Dr. C. H. Lamontagne, Resident Psychiatrist (Northville State Hospital, Northville, Michigan, February 5, 1958).

2

Interview with Dr. Roman Migodzinski, M.D. (Northville State Hospital, Northville, Michigan, February 27, 1958).

3

Albert E. Gustin, op. cit., p. 270.

At Northville the group orientation was conducted as a discussion allowing for interaction among all of the patients and personnel that were present. The following information was discussed:

1. Routine examinations - urine specimen, stool specimen, physical examination, blood test, chest x-ray, dental check, pelvic examination, immunizations.
2. Interviews with the Doctor
3. Ward routines and rules
4. Meal schedules
5. Smoking
6. Letters and letter-writing
7. Phone calls
8. Visitors
9. Bed assignments
10. Clothes
11. Washing and ironing
12. Occupational therapy
13. Work therapy
14. State clothing
15. Ward work
16. Money and valuables
17. Beauty and barber shops
18. Personal problems and grievances
19. Activities - parties, dances, movies, tours.<sup>1</sup>

On the disturbed wards group orientation was not attempted. However, the patients on these wards received much more individual attention. "Disturbed patients can talk to the nurse each day around some question about the hospital or problem areas. This is always done on an individual basis."<sup>2</sup>

Orientation on the ward for children was different also. Because of the age factor coupled with the child's emotional condition, hospitalization is a very traumatizing experience for him. Leaving his home and family and being thrown into a new situation causes much anxiety and can

---

<sup>1</sup> Miss Nancy Kost, "Admission Orientation for New Patients" (Northville State Hospital, Northville, Michigan, no date.) pp. 1-5. (Mimeographed).

<sup>2</sup> Interview with Mrs. Patricia Smith, Registered Nurse (Northville State Hospital, Northville, Michigan, February 4, 1958).

not be understood by the child. For this reason orientation was geared to the particular needs of the child.

Orientation is determined by each individual child who is being admitted. There is no attempt to overwhelm the child with a number of introductions and other information about the hospital. He is introduced to the nurse or attendant on the ward by the nurse from admission services. The children who are already on the ward are always told that a new child is being admitted so they can help to make the child feel more comfortable. Some of the more aggressive children introduce themselves and they show the new child around the ward. Sometimes a child is very withdrawn and will not relate to the other children. In this case the nurse takes him around the ward accompanied by some of the other children. In any case the nurse stays with the newly admitted child as much as possible. If the child asks any questions they are answered, however ward personnel explains routines and activities as they are carried on. It is felt that too many details would overwhelm the child.<sup>1</sup>

The entire atmosphere of this ward was geared toward helping the child accept his hospitalization, lessening the anxiety, and helping him respond to the therapeutic potentialities of the treatment program. The day rooms were used for play rooms, the children helped in caring for the ward, and the personnel did not wear white uniforms.

The personnel on this ward does not wear white uniforms because many of the children are threatened by the authority implications of the white uniforms. Also there is an attempt to create a warm, personal atmosphere as near like home as possible. So since the parents in the home do not wear white they are not worn on this ward.<sup>2</sup>

Geriatric patients presented unique problems in terms of orientation at Northville. When they were brought on the ward they were introduced to ward personnel. But because of the aging process and the normal loss of memory as well as their abnormal manifestations of senility, very

---

1

Interview with Miss Ann Cackleries, Registered Nurse (Northville State Hospital, Northville, Michigan, February 17, 1958).

2

Interview with Mr. Reba Stafford, Attendant (Northville State Hospital, Northville, Michigan, February 17, 1958).

little was remembered. "Therefore activities and routines were explained as they occurred. Any patient who was unduly anxious or nervous was talked to individually by the ward personnel."<sup>1</sup>

### Second Week of Orientation

During the patients second week of hospitalization, the orientation activities initiated by the ward personnel were not increased. However, the trend moved toward more diagnostic concern. The social worker began working in conjunction with the doctor who was continuing his evaluation in an effort to make treatment planning more effective. Theoretically, the social worker was responsible for seeing patients as soon as possible after admission. This study revealed that the majority of social workers saw patients during the second week following admission.

In the admission and orientation process, the social worker interviews the patient as quickly as possible in order to assist him to deal with his immediate anxiety. In any initial relationship with the patient the social worker must be able first of all to enter into the realm of the patient's feeling about his situation. If the worker is unable to feel real concern for the patient based on the genuine respect for him as an individual, he will fail in his efforts to offer help. The worker must be able to empathize, represent reality, show patience, and a genuine desire to understand and to help.<sup>2</sup>

Findings from this study indicated that the social worker's first interview with the patient was geared toward handling problems and obtaining information for a social history. Many of these problems, though seemingly minute on the surface, were of tremendous importance to the patient. The handling of these problems was a necessary pre-requisite

---

<sup>1</sup>

Interview with Mr. Ross Watkins, Attendant (Northville State Hospital, Northville, Michigan, February 10, 1958).

<sup>2</sup>

Margene M. Shea, "Establishing Initial Relationships with Schizophrenic Patients," Social Casework, XXXVII (January, 1956), p. 25.



to obtaining other important information. This information was used primarily for helping the doctor diagnose more accurately, and to make treatment plans for the patient. In addition this information was of value to the social worker in making a more intensive social work contact with patient and assisting with social treatment planning.

No adjustment problem can be attributed to one cause. There is a multiplicity of causes bound up in physiology, psychology, and the social milieu of the individual. If adequate understanding of emotional ills is to be achieved, all areas of causation should be studied and related to each other. The study and interpretation of community conditions and reactions of individuals to them cannot be adequately achieved by a stationary staff of a hospital or clinic. A service must exist which has constant contact with those conditions and their impact on the individual. This service is provided by psychiatric social work.<sup>1</sup>

After being seen once by the social worker the patient was told that he would be able to discuss problems that might arise as hospitalization progressed. In many instances it was necessary for the worker to utilize considerable skills in discussing problems with patients who were resistive and apprehensive. The patients' severity of illness imposed a definite challenge in terms of obtaining information.

It was also indicated from the findings of this study that initial interviews were held with the relatives after the patients' hospitalization in an attempt to secure social history data. At times, for one reason or another, relatives were unable to visit the hospital. In these instances the social worker sent them a written social history form to fill out and return to the hospital. At times the social worker used the telephone in urging resistive or otherwise incapacitated relatives to visit the hospital. In interviewing the relatives a social history

---

<sup>1</sup>

Lois French, Psychiatric Social Work (New York, 1940), p. 23.

format was used (Appendix B) which was not rigidly adhered to but which served as a guide. In obtaining the social history, the worker attempted to relieve some of the guilt of the relatives and allay anxiety by giving them facts about the hospital, especially the Social Service Department which provided social workers for assistance with specific problems. The social history material gathered from the interviews was an integral part of the treatment planning for the patient.

It is vital that the social history be considered as a constant reformulated body of information. It consists of material revealed as an outgrowth of a purposeful relationship of the psychiatric social worker with the patient, members of his family, physicians acquainted with the patient, and other community resources with which the patient may have had some experience or which may be helpful in future planning. This dynamically developed social history provides the foundation for a continuing relationship of the psychiatric social worker to the patient and his family and community, within the total treatment process, and also makes a very important contribution to total treatment itself.<sup>1</sup>

This study revealed that pertinent facts were discussed with the psychiatrist on the clinical team. There were instances when information was shared with the ward personnel which could be used for a better understanding of the patient's behavior. The final step was to prepare the social history material in the casebook for future references.

Although orientation extended for approximately three weeks, findings indicated that during the third week there were no specific orientation activities being carried on. This period was concerned with the actual transfer of the patient from the admission ward to another ward in the hospital. It was hoped that he was more comfortable in the hospital than he had previously been, was familiar with the rules and regulations, and more capable of favorably responding to the treatment program. Aside

---

<sup>1</sup>

Group for the Advancement of Psychiatry, The Psychiatric Social Worker in the Psychiatric Hospital, (Topeka, 1948), p. 4.

from the patient's potential readiness for becoming integrated into the total hospital setting, the staff, as a result of increased understanding of patient's illness and conditions surrounding his illness, was better equipped to continue treatment planning.

## CHAPTER IV

### SUMMARY AND CONCLUSIONS

An orientation program is felt to be essential in treatment planning for the patients in a mental hospital. Their illnesses, accentuated by being thrust into a foreign environment, are anxiety producing situations which may be greatly countered by an effective orientation program.

This study presented a description of the orientation program at Northville State Hospital. This hospital was located in Northville, Michigan, and was maintained by the state for the care and treatment of the mentally ill, those addicted to narcotics or alcohol, and for training and research in the field of psychiatry and allied professional disciplines.

The study revealed that considerable effort was made by the hospital to make the initial introduction to the hospital as comfortable as possible for the patients. This was exemplified by the admissions building with its blend of soft colors and simplicity of design, and a social worker to greet each newly admitted patient. This social worker with her knowledge of human behavior and her awareness of the traumatic nature of the admission experience for patients, provided a warm and accepting atmosphere while asking questions and handling the necessary clerical details incidental to the admission procedure.

Orientation for patients extended for approximately three weeks at Northville State Hospital. During these three weeks the patients were assigned to the orientation wards. Determination of ward assignments was made by a psychiatrist, the Chief of Admissions Services, who also interviewed the patients during the admission procedure. Patients were assigned

to wards on the basis of whether they were considered as comfortable, disturbed, geriatric or children. Patients were considered comfortable if they were cooperative, non-destructive, and non-combative. Disturbed patients were considered as those who were actively hallucinating, combative, and/or destructive. Patients who were 60 years old or more and who could not benefit from intensive treatment were considered as geriatrics. All patients below age 12 were considered as children.

Beyond the point of admissions, there were general differences in the orientation program for the previously mentioned classifications. In all instances, however, the nursing personnel, including attendants, took responsibility for the movement of the patients to the various wards and for introduction to the physical environment of the new setting.

During the first week of orientation on the comfortable wards a group orientation program was carried on by the attendants. This consisted of assembling the patients in a group and providing them with a variety of information relative to hospital routine, policy, and procedure, the knowledge of which served to aid and assist the patients' adjustment. All patients were given complete physical examinations during the first week of hospitalization. This examination included inoculations against typhoid fever, tetanus, and diphtheria. Polio inoculations were given to patients under 14 years of age. Each patient was also given various tests in addition to the physical examination.

During this period all patients were seen by the psychiatrist to whom they were assigned. This psychiatrist was concerned with obtaining as much information about the patient as possible so as to make a tentative diagnosis and begin treatment planning. This initial interview was held the day following admission. This short period of time had a very

positive effect on the patients in that they felt that something was being done about their problems.

On the children and geriatric wards, there were attempts made to gear to orientation to the needs of the patients being admitted at the time. There were not any group sessions held but the procedures were explained as they occurred so as not to overwhelm the patients and structured by their ability to understand.

Disturbed patients received individual orientation. During their entire length of stay on the admission wards they could talk with members of nursing personnel about any problem or situation that they felt necessary.

The study indicated that during the second week orientation activities of nursing personnel were not increased on any of the wards. However, the trend moved toward a more diagnostic concern. The doctor continued to see the patient and the social worker began working in conjunction with him. Theoretically, the social worker was responsible for orientation. However, the study revealed weaknesses in the activities of the various professional disciplines working with the patient during the orientation period. Many of the orientation personnel interviewed expressed a need for greater coordination and also for an opportunity to more effectively share with other disciplines their experiences with the patient as a basis for planning and treatment. A social worker was assigned to each patient at the time of the patient's admission to the hospital. As a matter of agency policy, the social worker was to see the patient as soon as possible after his ward admission. The findings from the study revealed, however, that for various reasons it was usually within the second week before the patient was seen by the social worker.

This did not mean that the social worker was not already active on the case. In many instances contacts with various relatives and community resources had been initiated on the patient's behalf. The social worker's activities during the initial phase both with the relatives and the patients was concerned mainly with the gathering of necessary background information. The nature of the social work focus at this point did not allow the social worker to become extensively involved around helping the patient to become adjusted to the hospital itself, although the concern and interest undoubtedly assisted in helping the patient to gain a sense of belonging. The value of a more broadened social work focus with greater emphasis on the adjustment aspects, was seen by the writer as being an area needing further exploration.

The third week of hospitalization was concerned primarily with the actual transfer of the patient from the admission ward to another ward in the hospital. This was handled administratively usually by the psychiatrist and nursing personnel who informed patient of the impending transfer and facilitated its implementation.

The study indicated a broad scope of responsibilities that were assumed by nursing personnel including ward attendants. Their activities were continuous, extensive and included many responsibilities usually carried by other professional disciplines. Attendants held many interviews with the patients with the primary purpose of allaying some of the patient's anxiety about the hospital, family, and many personal problems. They were also responsible for the group orientation program which would seem to call for considerable knowledge and skills in group dynamics. Here again the writer wondered whether this service may not have been more effectively handled by other disciplines more technically trained in

special skills and knowledge needed in the carrying out of this type of function. The entire responsibility for the introduction of patients to the various physical facilities including movement from one facility to another was carried by nursing personnel.



## APPENDIXES

- A. FORMS FOR ADMISSION
- B. SOCIAL SERVICE HISTORY FORMAT
- C. INTERVIEW GUIDES

APPENDIX A1

NORTHVILLE STATE HOSPITAL

ADMISSION CERTIFICATE

Northville, Michigan \_\_\_\_\_

To \_\_\_\_\_

This is to certify that \_\_\_\_\_

of \_\_\_\_\_ County was admitted today, accompanied by

\_\_\_\_\_.

\_\_\_\_\_  
Medical Superintendent

Per \_\_\_\_\_

## APPENDIX A2

## ----- PERSONAL HISTORY -----

Name

Age

Date of Birth

Sex

Color

Race

Birthplace - City

State

Country

If Foreign Born - Alien

Naturalized

Years in U.S.

Residence

Date of Arrival in Michigan

Environment:

Urban

Rural

Social Security No.

Religious Denomination

Education - Age left school, at what grade

Occupation

Place

Income

Insurance

Military Service - Name of war

Compensation

## ----- FAMILY HISTORY -----

Name of Husband or Wife, Age if Living

Father's Name

Birthplace - City

State

Country

Mother's Maiden Name

Birthplace - City

State

Country

Occupation of Father

Of Husband

Number of Children: Living - Male

Female

Dead - Male

Female

Name of Correspondent

Address of Correspondent

Telephone Call

## ----- ADMISSION -----

Previous Hospitalization - Place

Date

Physicians Names and Addresses

County

Readm? (old no.)

Received by

Clothing

Driver's License

Accompanied by

Informant

Date

Brought From

## APPENDIX A3

## NURSING OFFICE ADMISSION REPORT

NAME

CASE NO.

WARD

ADMITTED FROM \_\_\_\_\_ COUNTY

DATE OF ADMISSION \_\_\_\_\_ TIME OF DAY \_\_\_\_\_

DATE AND HOUR OF EXAMINATION \_\_\_\_\_ CLEANLINESS \_\_\_\_\_

BODILY CONDITION \_\_\_\_\_

Position and Description of any Bruises, Wounds, Marks of Injury, Sores

Skin eruptions, Pain, Tenderness, and Evidence of any Disease or Disorder

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ RACE \_\_\_\_\_

RELIGION \_\_\_\_\_ HEIGHT \_\_\_\_\_ COLOR OF EYES \_\_\_\_\_

BLOOD PRESSURE \_\_\_\_\_ WEIGHT \_\_\_\_\_ COLOR OF HAIR \_\_\_\_\_

TEMPERATURE \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_

CONDITION OF TEETH \_\_\_\_\_

MEDICAL O.K. GLASSES \_\_\_\_\_ TEETH \_\_\_\_\_ DR. \_\_\_\_\_

CONDUCT (Attitude toward relatives, talking, resistive or delusional)

MONEY AND VALUABLES ON PERSON \_\_\_\_\_

COLONIC FLUSHING GIVEN AT \_\_\_\_\_ WITH \_\_\_\_\_ RESULTS.

\_\_\_\_\_  
SIGNATURE

## APPENDIX B

## NORTHVILLE STATE HOSPITAL

## SOCIAL SERVICE HISTORY FORMAT

- I. HISTORY OF EMOTIONAL DISTURBANCES: (Chronological history of the patient's illness, beginning with the earliest observable symptoms up to the present hospitalization. Details as to symptoms and what was done, including hospitalization, kind and number of treatments and response are very important.)
- II. PERSONAL HISTORY: (A chronological account of the patient's development in as much detail as obtainable. Reactions to members of the family and community. Progress in school and work. Marriage, reactions to children, death or illness in close relatives.)
- III. FAMILY HISTORY: (Background ethnically, socio-economic status, parental relationships with each other, illness in close family members. The kind of person Mother and Father were during the early years of life.)
- IV. EVALUATION OF ENVIRONMENTAL SITUATION: (Opinion as to suitability of home environment for patient's return. Difficulties likely to be encountered. Positive features of home situation favorable to patient's return. Work possibilities, economic situation. Is patient's return home feasible when all circumstances are taken into consideration? Your recommendations as to most suitable place for patient to go when he leaves the hospital.)
- V. SOURCES OF HISTORY: (List all addresses and telephone numbers, when available, all sources sought out for information. When no response is received; so indicate. The degree and kind of response is an important index as to the interest (or lack of it) relatives have in the patient.)

## APPENDIX C

## INTERVIEW GUIDES

## WARD PERSONNEL:

1. What is done when a new patient is brought on the ward?
2. Is there any printed material used to help the patient become acquainted with the rules and regulations of the hospital?
3. Do you carry on any group sessions with newly admitted patients?
4. If so, when are they carried on?
5. Who is responsible for the group orientation program?
6. What material is covered in the group orientation program?
7. Are very many questions asked about the hospital by new patients?
8. Do you carry on any individual conferences with newly admitted patients?
9. If so, what are they centered around?
10. Do you have any suggestions for improving the program here at the hospital?

## SOCIAL WORKERS AND DOCTORS:

1. How soon after admission do you see the patient?
2. Is the first interview geared toward handling problems or obtaining information?
3. Do you make it clear that you are available to discuss problems that might arise later?
4. How soon after patient's admission is the initial interview held with relatives?
5. Is this interview structured to alleviate anxiety around patient's hospitalization?
6. How many times during the first two weeks do you see the patient?
7. Do you attempt to relay pertinent facts around history to other members of the clinical team?

8. In history interview with relatives do you discuss release plans or talk in terms of release?
9. Do you attempt to interpret to ward personnel ways in which they might help patient in terms of information obtained in social history?



## BIBLIOGRAPHY

### Books

- Alexander, Franz and French, Thomas. Psychoanalytic Therapy: Principles and Application. New York: The Ronald Press, 1946.
- Bartlett, H. M. Some Aspects of Social Case Work in a Medical Setting: A Study in the Field of Medical Social Work. Chicago: American Association of Medical Social Workers, 1940.
- Berkman, Tessie D. Practice of Social Workers in Psychiatric Hospitals and Clinics. New York: American Association of Psychiatric Social Workers, 1953.
- Crutcher, Hester. A Guide for Developing Psychiatric Social Work in State Hospitals. New York: State Hospitals Press, 1933.
- English, O. Spurgeon, and Pearson, G. H. J. Emotional Problems of Living. New York: Norton, 1946.
- Field, Minna. Patients are People. New York: Columbia University Press, 1953.
- French, Lois Meredith. Psychiatric Social Work. New York: Commonwealth Fund, 1940.
- Friedlander, Walter A. Introduction to Social Welfare. New York: Prentice Hall, Inc., 1955, pp. 389-409.
- Hamilton, Gordon. Theory and Practice of Social Casework. New York: Columbia University Press, 1952.
- Klein, David B. Mental Hygiene: Psychology of Personal Adjustment. New York: Holt, 1944.
- Knee, Ruth I. "Psychiatric Social Work," Social Work Yearbook, 1954, pp. 387-394.
- Lowrey, L. G. Psychiatry for Social Workers. New York: Columbia University Press, 1950.
- Stanton, Alfred, and Schwarz, Morris. The Mental Hospital. New York: Basic Book Company, 1948.
- Stern, Edith M. Mental Illness: A Guide for the Family. New York: Commonwealth Fund, 1954.
- Upham, Frances. A Dynamic Approach to Illness - A Social Work Guide. New York: Family Service Association of America, 1949.

## Articles

- Anderson, Delwin and Kiesler, Frank. "Helping Toward Help: The Intake Interview," Social Casework, XXXV (February, 1954), pp. 72-76.
- Field, Minna. "Role of the Social Worker in A Modern Hospital," Social Casework, XXXIV (November, 1953), pp. 398-402.
- Gustin, Albert. "A State Hospital Reception Program for Patients and Relatives," Social Casework, XXXVI (June, 1955), pp. 269-272.
- Humphrey, F. G. and Duke, Robert P. "The Use of Casework Skills in A Group Orientation Program for Newly Admitted Patients," Journal of Psychiatric Social Work, (January, 1955), pp. 92-96.
- Kaplan, Arthur and Wolf, Lois. "The Role of the Family in Relation to the Institutionalized Mental Patient," Mental Hygiene, XXXVIII (January, 1954), pp. 135-141.
- Shea, Margene M. "Establishing Initial Relationships with Schizophrenic Patients," Social Casework, XXXVII (January, 1956), pp. 25-26.

## Miscellaneous Material

- Kost, Nancy. "Admission Orientation for New Patients." Northville, Michigan: Northville State Hospital, no date. (Mimeographed).
- Northville State Hospital. "A Short Story of Northville State Hospital." Northville, Michigan: 1957. (Mimeographed).
- \_\_\_\_\_. "Teamwork is the Key for Treatment of Mental Illness." Northville, Michigan: 1957. (Mimeographed).
- Seefeldt, Carolyn. "Report of Social Service Department, Northville State Hospital." Northville, Michigan: (December 30, 1955).